



2016 Provider Quality Management Self-Assessment Training Questions and Answers

Digital Signatures and Form Submission

1. I do not have a digital signature, how can I sign the form? Can I scan it in and attach to the self-assessment document?

The form gives an option to create a new digital ID. A help document on this topic can be found at <https://helpx.adobe.com/acrobat/using/digital-ids.html>. Do not scan or fax any portion of the self-assessment unless instructed to by your Home and Community Based Services (HCBS) specialist.

2. I have tried to sign the form digitally using the help document and am still getting an error message or other problem.

Do not complete the form directly in your web browser. Ensure you have downloaded the form to your computer and saved it prior to completing. If you continue to have issues, contact your regional HCBS specialist.

3. I completed the form but the “Submit” button at the end of the document is not working or greyed out and will not allow me to submit the form.

Save the completed form to your computer and send the form as an email attachment to hcbsqi@dhs.state.ia.us.

4. Will there be a problem if the email that is generated when submitting the self-assessment converts to a secure email?

As long as the self-assessment form is submitted as a pdf attachment within the secure email, this is not a problem.

5. If I use a Mac can I still download the Self-Assessment? Yes.

6. The approved statewide HCBS settings transition plan identifies the Self-Assessment will be released by October 1. Since it is almost a month late will the submission deadline be extended?

The December 1st deadline still applies.



7. Why did the informational letter go out so late? It did not allow providers adequate time to schedule to attend the training sessions.

The self-assessment training power point content was made available on the Department of Human Services website on the same day as the onsite trainings and a recorded version of the training was posted and accessible to all providers one week following the onsite trainings.

8. How can we meet the December 1, deadline of submitting service locations when we don't get the document to do that until after we submit our Self-Assessment?

Providers will need to plan submission to allow for time to receive and complete the settings address collection tool prior to December 1.

9. The current version of the Self-Assessment has bugs. Can we get an extension on the submission deadline?

The self-assessment form was actively being revised and reposted as minor functionality issues with the form were identified in the days following its release. HCBS specialists are available throughout the self-assessment process to assist with troubleshooting.

Section C. III. Requirement B. Federal Settings Rules

10. Starting on page 14: Requirement B, standards i, j and k: Provider owned provider controlled- Does this include only residential services or does it also include non-residential such as pre-vocational services?

Those specific standards do also apply to provider-owned/controlled non-residential services like pre-vocational services. If these standards are restricted due to rules in certain work environments, it may be appropriate to respond "N/A" and explain why. For example, there may be limitations to members being able to have visitors of their choosing at any time during work hours.

11. So for Requirement III Section B, if we identify a corrective action plan (CAP), where do we include that information?

You can identify your specific corrective action plan(s) in the comment sections after each of the applicable standards "a" through "n". If you have a detailed corrective action plan for your agency, the full plan can be submitted along with your completed self-assessment as an email attachment.



12. We are a provider of a site-based Adult Day Care in a small town and currently do not feel that we meet settings. Where can we find guidance on making changes to this specific service in order to meet federal rules regarding integration?

The HCBS Settings Toolkit released by the Centers for Medicare and Medicaid services (CMS) contains Exploratory Questions designed for Non-Residential HCBS sites.

https://dhs.iowa.gov/sites/default/files/exploratory_questions_non_residential.pdf

These questions are linked on Iowa's HCBS Setting Transition webpage and can be used to evaluate your services to identify the presence or absence of each indicator.

13. We serve members who live in provider controlled homes (our agency holds the lease) and they have their own rooms but do we still need to install locks on all their bedroom doors?

Members must be afforded the rights of privacy, dignity and respect, and freedom from coercion and restraint. Lockable doors should be discussed with each member and be addressed in the member's person centered plan.

Settings Data Collection Tool

14. Will the office/service location document be sent to us? How long will it take?

Yes, it will be emailed by your HCBS specialist once we receive an acceptable self-assessment. If you submit an acceptable version of the self-assessment initially, you can expect to receive the document within approximately two business days.

15. Does the settings data include supported employment (SE) providers? This list would be in the hundreds if we list work addresses of all clients receiving job coaching in the community.

It is not necessary to include community businesses where individual supported employment is provided but if group supported employment is provided in a workshop type setting, then it does need to be included on the location document.

16. Do we have to record hourly services in this location document?

Providers are to send residential hourly service locations. However, non-residential hourly services do not need to be submitted such as an individual receiving hourly supported employment in a community business. If the setting is an enclave or workshop setting, include the setting address.



17. The providers of the following services want to double check that they are also supposed to provide member home addresses: Elderly Waiver Case Management and Mental Health Outreach?

No, these services would not need to provide member home addresses as they are non-residential services. Addresses of office locations where these services are provided should be submitted. See question number 16 and 18 for additional information.

18. a) Is it necessary to identify all hourly Supported Community Living (SCL) or Home Based Habilitation (HBH) member homes? If so, isn't this asking too much private personal member information?

b) Why would each provider need to provide service locations, especially those provider in member owned/controlled homes? Can't we get that from the managed care organization (MCO) or Iowa Medicaid Enterprise (IME) already? Won't the information be redundant if multiple in-home providers are reporting on the same member?

c) Isn't it considered a breach of confidence to report the home addresses of individuals receiving mental health related treatment such as counseling, mental health outreach, and in-home family therapy?

It is necessary to submit all addresses for members receiving residential services in their home, as well as office and site locations for non-residential hourly services. The purpose of the collection is to conduct a detailed analysis of HCBS service provision by street address and geographic location as indicated in the statewide transition plan to the Centers for Medicare and Medicaid Services (CMS). That information is not maintained by IME. Individual member names are not required to complete the address collection tool however, if included, member names will not be released by the department.



19. a) The providers of the following services want to double check whether or not they should be listing community locations such as stores, recreational places, community employers, schools, etc.: day habilitation, SCL, interim medical monitoring and treatment (IMMT), SE, prevocational services.

b) Services occur in many community locations. Do we have to identify all of the locations we transport our members to as service locations such as the mall or grocery store?

No, community locations that the member and staff travel to during service delivery do not need to be included unless the location is the site of an enclave or workshop for members receiving supported employment or permanent site for members to meet to receive pre-vocational services or day habilitation services. IMMT would be considered a residential service and should include member addresses where services are provided. See also question 16.

20. Do we need to complete the office/service location document if we are a home health agency and only provide services in member controlled/member owned services?

Yes, hourly services provided in the member's home are considered residential settings and should be included. See question 16.

21. a) If our day habilitation program has become "community based" (i.e. we no longer provide it in a center but in various community areas) how do we list the location?

b) If a provider's day habilitation program is now entirely community based, should they still report an office or site location to demonstrate where that service is based?

When entering the service location name, identify that it is community based and include the primary address of the setting to validate the location.

22. If a provider maintains a locked closet or room in a daily SCL home, would it be considered an office location as well?

An "office" for daily SCL staff for the purpose of storing and maintaining paperwork and supplies for members in the home would not be considered an agency office unless the space also functions as an office for the agency and is staffed by people who also provide administrative or clerical work and who are not providing direct care services.



23. One of the providers is a homeless shelter. They do Habilitation and Brain Injury (BI) and Intellectual Disability (ID) waiver SCL. Many people list the shelter as their home address as a place to receive mail. When they provide services it is usually out in the community but sometimes the location on the service documentation might show as the address of the shelter if they are helping with mail or something similar. Should they list the shelter address as a service location or just an office location?

The shelter address would be considered the member residence if it is their primary residence, as well an office location if used as such, so record it as both.

Other Questions

24. Where do you we put our HCBS Certification dates?

After you select HCBS Certification (or other certifications, accreditation or licensures), you can put the text boxes next to the check box option.